

**Second Regular Session
Seventy-third General Assembly
STATE OF COLORADO**

REVISED

*This Version Includes All Amendments Adopted
on Second Reading in the Second House*

LLS NO. 22-0487.01 Jane Ritter x4342

HOUSE BILL 22-1289

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A BILL FOR AN ACT

101 **CONCERNING IMPROVING ACCESS TO HEALTH BENEFITS FOR**
102 **ECONOMICALLY INSECURE COLORADO FAMILIES BY ENHANCING**
103 **PUBLIC HEALTH PROGRAMS, AND, IN CONNECTION THEREWITH,**
104 **MAKING AN APPROPRIATION.**

Bill Summary

(Note: This summary applies to this bill as introduced and does not reflect any amendments that may be subsequently adopted. If this bill passes third reading in the house of introduction, a bill summary that applies to the reengrossed version of this bill will be available at <http://leg.colorado.gov>.)

The bill makes the following changes to health insurance coverage for low-income pregnant people and children in low-income families:

- Provides full health insurance coverage for Colorado

Shading denotes HOUSE amendment. Double underlining denotes SENATE amendment.
Capital letters or bold & italic numbers indicate new material to be added to existing statute.
Dashes through the words indicate deletions from existing statute.

SENATE
Amended 2nd Reading
May 4, 2022

HOUSE
3rd Reading Unamended
April 22, 2022

HOUSE
Amended 2nd Reading
April 20, 2022

pregnant people who would be eligible for medicaid and the children's basic health plan (CHIP) if not for their immigration status and continues that coverage for 12 months postpartum at the CHIP federal matching rate;

- Provides comprehensive health insurance coverage to all Colorado children who would be eligible for medicaid and CHIP if not for their immigration status;
- Requires the state department of health care policy and financing to create an outreach and enrollment strategy for enrolling eligible groups into new coverage options;
- Makes comprehensive lactation supports and supplies, including breast pumps, a covered benefit for perinatal people on medicaid and CHIP;
- Draws down federal funds to improve perinatal and postpartum support and requires that priorities for the funds be determined through a stakeholder process;
- Permanently authorizes an existing survey of birthing parents, run by the state department of public health and environment and increases the ability of the survey to collect and report on the experiences of birthing people of color in Colorado;
- Creates a special enrollment period for health insurance coverage due to pregnancy so that an eligible person can sign up for insurance as soon as the person becomes pregnant; and
- Improves the quality of health insurance coverage available through the health insurance affordability enterprise.

1 *Be it enacted by the General Assembly of the State of Colorado:*

2 **SECTION 1. Legislative declaration.** (1) The general assembly
3 finds and declares that:

4 (a) Health insurance coverage is an important social determinant
5 of health because it provides both access to the health-care system and
6 financial security. Access to quality prenatal care is one of the most
7 important determinants of birth outcomes and a primary strategy to reduce
8 infant and maternal mortality.

9 (b) The stress and challenges of pregnancy and parenting with
10 limited financial resources are contributing factors to a high rate of

1 depression. One in four low-income pregnant or postpartum individuals
2 experience depression in a given year.

3 (c) Insurance coverage improves health status and mental health,
4 while decreasing infant, child, and adult mortality rates. Medicaid and the
5 children's health insurance program (CHIP) are key supports for pregnant
6 people and new parents, as well as their children in the critical early years
7 of life.

8 (d) Research shows that medicaid coverage for children and
9 pregnant people is associated with improved health and well-being.
10 Children born to medicaid-covered or otherwise insured parents are more
11 likely to be born at a healthier birth weight and are at lower risk of infant
12 mortality than babies born to people who are uninsured. Medicaid and
13 other insurance coverage of pregnant people is also associated with a
14 greater likelihood of children finishing high school and college and
15 having higher incomes as adults.

16 (e) When parents have health insurance, their children are more
17 likely to be insured;

18 (f) In Colorado, Hispanic and Latina individuals of reproductive
19 age are three times more likely to be uninsured compared to their
20 non-Hispanic peers. Research indicates that chronic stress associated with
21 being a racial or ethnic minority in the United States is largely responsible
22 for higher preterm birth rates and constitutes an independent risk factor
23 for preterm delivery.

24 (g) Approximately twenty-four percent of all pregnancy-related
25 deaths occur between forty-three to three hundred sixty-five days after a
26 pregnancy ends. There is growing evidence that providing insurance
27 coverage for at least one year of postpartum care can reduce preventable

1 maternal deaths, particularly among Black persons and immigrant
2 populations. Expanding access to prenatal and postpartum care will
3 decrease racial disparities in maternal and infant mortality.

4 (h) Prenatal care is cost effective. Studies have found that
5 providing prenatal care for low-income persons avoids costly infant
6 complications and infant death.

7 (2) The general assembly further finds that:

8 (a) All Colorado children deserve access to preventive and
9 life-saving health care. In Colorado, fourteen percent of uninsured
10 children are ineligible for medicaid or the children's basic health plan
11 because of their immigration status. Health insurance coverage is linked
12 to improved access to health-care services and increased use of preventive
13 services.

14 (b) Without expansion of health-care coverage, immigrant parents
15 with children who are ineligible for coverage are more likely to put off
16 seeking critical treatment until it is an emergency. Educational success,
17 physical health, emotional support, and family strength are inseparable.

18 (c) The COVID-19 pandemic has disproportionately harmed
19 immigrant communities across the state, exposing the dual impacts of
20 racism and xenophobia on access to health care. Ineligibility for
21 health-care coverage has led many immigrants to forgo COVID-19 testing
22 and treatment, despite both being free.

23 (d) As Colorado seeks to address these inequities to build a more
24 inclusive state, it is essential to expand coverage to the communities that
25 have been most impacted and vulnerable before, during, and well after the
26 COVID-19 health crisis; and

27 (e) Expanding health-care coverage to all children, pregnant and

1 postpartum persons, regardless of immigration status, is fundamental to
2 ensuring health equity in Colorado, allowing all parents and children to
3 thrive.

4 **SECTION 2.** In Colorado Revised Statutes, 10-16-1205, **add**
5 **(2)(d)(III)** as follows:

6 **10-16-1205. Health insurance affordability fee - special**
7 **assessment on hospitals - allocation of revenues. (2)**
8 **(d) (III) NOTWITHSTANDING SUBSECTIONS (2)(d)(I) AND (2)(d)(II) OF**
9 **THIS SECTION, IF THE APPROVAL OF THE DEMONSTRATION WAIVER**
10 **RECEIVED PURSUANT TO SECTION 25.5-4-503 (2) SETS CONDITIONS ON THE**
11 **USE OF THE MONEY RECEIVED, THE ENTERPRISE SHALL ALLOCATE THE**
12 **MONEY RECEIVED PURSUANT TO SECTION 25.5-4-503 (2) AS SET FORTH IN**
13 **THE APPROVAL. IF THE APPROVAL DOES NOT SET CONDITIONS ON THE USE**
14 **OF MONEY RECEIVED, THE ENTERPRISE SHALL ALLOCATE THE MONEY IN**
15 **THE MANNER SET FORTH IN SUBSECTIONS (2)(d)(I) AND (2)(d)(II) OF THIS**
16 **SECTION.**

17 **SECTION 3.** In Colorado Revised Statutes, 10-16-1206, **amend**
18 **(1)(e) and (1)(f); and add (1)(g)** as follows:

19 **10-16-1206. Health insurance affordability cash fund -**
20 **creation. (1) There is hereby created in the state treasury the health**
21 **insurance affordability cash fund. The fund consists of:**

22 (e) Money that may be allocated to the fund pursuant to section
23 10-16-1308; and

24 (f) All interest and income derived from the deposit and
25 investment of money in the fund; AND

26 (g) THE FEDERAL SHARE OF THE MEDICAL ASSISTANCE PAYMENTS
27 RECEIVED PURSUANT TO SECTION 25.5-4-503 (2).

1 **SECTION 4.** In Colorado Revised Statutes, 10-16-105.7, **add**
2 (3)(a)(II)(H) as follows:

3 **10-16-105.7. Health benefit plan open enrollment periods -**
4 **special enrollment periods - rules.** (3) (a) (II) A triggering event occurs
5 when:

6 (H) BEGINNING JANUARY 1, 2024, AN INDIVIDUAL WHO DOES NOT
7 HAVE EXISTING CREDITABLE COVERAGE RECEIVES CERTIFICATION FROM A
8 HEALTH-CARE PROVIDER ACTING WITHIN THE PROVIDER'S SCOPE OF
9 PRACTICE THAT THE INDIVIDUAL IS PREGNANT. COVERAGE IS DEEMED
10 EFFECTIVE AS OF THE FIRST MONTH IN WHICH THE INDIVIDUAL RECEIVES
11 CERTIFICATION OF THE PREGNANCY, UNLESS THE INDIVIDUAL ELECTS TO
12 HAVE COVERAGE EFFECTIVE ON THE FIRST DAY OF THE MONTH FOLLOWING
13 THE DATE THAT THE INDIVIDUAL MAKES A PLAN SELECTION. ANY PERSON
14 OR ENTITY ENROLLING AN INDIVIDUAL IN COVERAGE PURSUANT TO THIS
15 SPECIAL ENROLLMENT PERIOD SHALL PROVIDE A NOTICE, DEVELOPED BY
16 THE DEPARTMENT THROUGH A STAKEHOLDER PROCESS, TO THE
17 INDIVIDUAL REGARDING THE INDIVIDUAL'S OPTION TO BEGIN COVERAGE
18 EITHER PROSPECTIVELY OR RETROACTIVELY AND THE FINANCIAL AND TAX
19 IMPLICATIONS OF THOSE OPTIONS. THE NOTICE MUST BE IN, AT A MINIMUM,
20 ENGLISH AND SPANISH.

21 **SECTION 5.** In Colorado Revised Statutes, 10-16-1207, **repeal**
22 (4)(c)(IV)(A); and **add** (4)(c.5) as follows:

23 **10-16-1207. Health insurance affordability board - creation -**
24 **membership - powers and duties - subject to open meetings and**
25 **public records laws - commissioner rules.** (4) The board is authorized
26 to:

27 (c) Recommend, for approval and establishment by the

1 commissioner by rule:

2 (IV) The parameters for implementing the subsidies for
3 state-subsidized individual health coverage plans authorized by this part
4 12, including:

5 (A) ~~The coverage required under state-subsidized individual~~
6 ~~health coverage plans, which coverage must maximize affordability for~~
7 ~~qualified individuals and must include coverage for the lowest income~~
8 ~~group, as determined by the board, that has no premium and provides~~
9 ~~benefits actuarially equivalent to ninety percent of the full actuarial value~~
10 ~~of the benefits provided under the plan; and~~

11 (c.5) FURTHER RECOMMEND, FOR APPROVAL AND ESTABLISHMENT
12 BY THE COMMISSIONER BY RULE, ADDITIONAL PARAMETERS FOR
13 IMPLEMENTING THE SUBSIDIES FOR STATE-SUBSIDIZED INDIVIDUAL HEALTH
14 COVERAGE PLANS AUTHORIZED BY THIS PART 12, INCLUDING THAT THE
15 COVERAGE REQUIRED PURSUANT TO STATE-SUBSIDIZED INDIVIDUAL
16 HEALTH COVERAGE PLANS MUST:

17 (I) MAXIMIZE AFFORDABILITY FOR QUALIFIED INDIVIDUALS;

18 (II) COVER BENEFITS EQUIVALENT TO THOSE IN A QUALIFIED
19 HEALTH PLAN; AND

20 (III) FOR A PERSON WHO, AT THE TIME THE PERSON APPLIES FOR
21 STATE-SUBSIDIZED COVERAGE, MEETS THE INCOME REQUIREMENTS TO
22 QUALIFY FOR EMERGENCY MEDICAL ASSISTANCE PURSUANT TO SECTION
23 25.5-5-103 AND WHO IS A QUALIFIED INDIVIDUAL WHO MEETS THE
24 ELIGIBILITY CRITERIA ESTABLISHED IN RULE PURSUANT TO SUBSECTION
25 (4)(c)(IV) OF THIS SECTION, INCLUDE COVERAGE THAT:

26 (A) HAS NO PREMIUM;

27 (B) HAS AN ACTUARIAL VALUE OF NOT LESS THAN NINETY-FOUR

1 PERCENT; AND

2 (C) TO THE EXTENT POSSIBLE WITH AVAILABLE FUNDING,
3 INCLUDES COST SHARING THAT IS FURTHER REDUCED FROM SUBSECTION
4 (4)(c.5)(III)(B) OF THIS SECTION SUCH THAT THE PLAN HAS CONSUMER
5 COST SHARING RESPONSIBILITIES FOR EMERGENCY SERVICES EQUIVALENT
6 TO COST SHARING RESPONSIBILITIES FOR EMERGENCY MEDICAL
7 ASSISTANCE PURSUANT TO SECTION 25.5-5-103.

8 **SECTION 6.** In Colorado Revised Statutes, 24-75-109, add
9 (1)(a.7) and (1)(a.8) as follows:

10 **24-75-109. Controller may allow expenditures in excess of**
11 **appropriations - limitations - appropriations for subsequent fiscal**
12 **year restricted - repeal.** (1) For the purpose of closing the state's books,
13 and subject to the provisions of this section, the controller may, on or
14 after May 1 of any fiscal year and before the forty-fifth day after the close
15 thereof, upon approval of the governor, allow any department, institution,
16 or agency of the state, including any institution of higher education, to
17 make an expenditure in excess of the amount authorized by an item of
18 appropriation for such fiscal year if:

19 (a.7) THE OVEREXPENDITURE IS BY THE DEPARTMENT OF HEALTH
20 CARE POLICY AND FINANCING FOR THE STATE MEDICAL ASSISTANCE
21 PROGRAM, ESTABLISHED PURSUANT TO SECTION 25.5-2-104; OR

22 (a.8) THE OVEREXPENDITURE IS BY THE DEPARTMENT OF HEALTH
23 CARE POLICY AND FINANCING FOR THE STATE CHILDREN'S BASIC HEALTH
24 PLAN, ESTABLISHED PURSUANT TO SECTION 25.5-2-105; OR

25 **SECTION 7.** In Colorado Revised Statutes, 25-1.5-101, add
26 (1)(cc) as follows:

27 **25-1.5-101. Powers and duties of department - laboratory cash**

1 **fund - report - dispensation of payments under contracts with**
2 **grantees - definitions - repeal.** (1) The department has, in addition to all
3 other powers and duties imposed upon it by law, the powers and duties
4 provided in this section as follows:

5 (cc) TO CARRY OUT THE HEALTH SURVEY FOR BIRTHING PARENTS
6 AND REPORTING REQUIREMENTS SET FORTH IN PART 7 OF THIS ARTICLE 1.5.

7 **SECTION 8.** In Colorado Revised Statutes, **add** part 7 to article
8 1.5 of title 25 as follows:

9 PART 7

10 HEALTH SURVEY FOR BIRTHING PARENTS

11 **25-1.5-701. Health survey for birthing parents.** (1) BEGINNING
12 JULY 1, 2022, THE DEPARTMENT SHALL BEGIN DEVELOPING A
13 METHODOLOGY AND BUILDING A HEALTH SURVEY FOR BIRTHING PARENTS,
14 REFERRED TO IN THIS SECTION AS THE "SURVEY", TO GIVE PEOPLE WHO
15 HAVE GIVEN BIRTH THE OPPORTUNITY TO SHARE OPINIONS AND
16 EXPERIENCES DURING THE FIRST FEW YEARS OF THEIR BABIES' LIVES. THE
17 PURPOSE OF THE SURVEY IS TO INFORM COLORADO POLICIES AND
18 PROGRAMS DESIGNED TO ADVANCE HEALTH EQUITY. AS PART OF THE
19 SURVEY, THE DEPARTMENT SHALL:

20 (a) INVITE A STATEWIDE COHORT OF PEOPLE WHO HAVE RECENTLY
21 GIVEN BIRTH TO JOIN THE SURVEY;

22 (b) ANNUALLY AND UP UNTIL A SURVEY PARTICIPANT'S CHILD'S
23 THIRD BIRTHDAY, PROVIDE TO EACH PARTICIPANT AT LEAST TWO BRIEF
24 ONLINE QUESTIONNAIRES ON A VARIETY OF HEALTH AND SOCIAL TOPICS,
25 INCLUDING:

26 (I) HOW THE PARTICIPANT FEELS PHYSICALLY AND EMOTIONALLY
27 AFTER HAVING GIVEN BIRTH;

1 (II) THE PARTICIPANT'S MENTAL HEALTH AND SUBSTANCE USE
2 BEFORE, DURING, AND AFTER PREGNANCY;

3 (III) THE PARTICIPANT'S OPINIONS ON CHILDHOOD VACCINATIONS
4 AND OTHER IMPORTANT HEALTH DECISIONS;

5 (IV) THE PARTICIPANT'S ABILITY TO TAKE LEAVE FROM WORK;

6 (V) THE PARTICIPANT'S ABILITY TO FEED THE PARTICIPANT'S BABY
7 IN THE PARTICIPANT'S PREFERRED WAY;

8 (VI) THE PARTICIPANT'S EXPERIENCES WITH DOCTORS AND OTHER
9 HEALTH-CARE WORKERS DURING AND AFTER PREGNANCY, INCLUDING ANY
10 EXPERIENCES OF DISCRIMINATION; AND

11 (VII) THE PARTICIPANT'S FAMILY'S ACCESS TO HEALTH CARE AND
12 HEALTH SERVICES, INCLUDING BEHAVIORAL HEALTH SERVICES AND ORAL
13 HEALTH SERVICES, AND OTHER RESOURCES NECESSARY FOR THE FAMILY
14 TO BE HAPPY AND HEALTHY.

15 (2) THE SURVEY MUST BE DESIGNED TO OVERSAMPLE MEMBERS OF
16 GROUPS THAT COMPRISE A SMALL PERCENTAGE OF THE POPULATION AND
17 THAT DISPROPORTIONATELY EXPERIENCE HEALTH INEQUITIES, INCLUDING
18 AFRICAN AMERICANS AND NATIVE AMERICANS, SO THAT DATA ABOUT
19 THE EXPERIENCES OF THESE POPULATIONS CAN BE MADE PUBLIC.
20 PARTICIPANT DATA ABOUT RACE, ETHNICITY, SEXUAL ORIENTATION, AND
21 GENDER IDENTITY MUST BE COLLECTED AND REPORTED IN A MANNER THAT
22 PROTECTS PERSONALLY IDENTIFYING INFORMATION.

23 **SECTION 9.** In Colorado Revised Statutes, 25.5-2-103, **amend**
24 (1)(b) as follows:

25 **25.5-2-103. Reproductive health-care program - report - rules**
26 **- definitions.** (1) As used in this section, unless the context otherwise
27 requires:

1 (b) "Eligible individual" means an individual with reproductive
2 capacity, regardless of gender, ~~citizenship, or immigration status~~, who
3 would be eligible to enroll in the medical assistance program, ~~except that~~
4 ~~the individual is not a citizen of the United States and is not considered~~
5 ~~an eligible noncitizen pursuant to 8 U.S.C. secs. 1611 and 1612 and~~
6 ~~section 25.5-5-101 (2)(b)~~ AS DESCRIBED IN SECTION 25.5-4-103 (13) BUT
7 IS NOT ELIGIBLE DUE SOLELY TO THE INDIVIDUAL'S IMMIGRATION STATUS,
8 AND WHO IS NOT ELIGIBLE FOR, OR DECLINES TO ENROLL IN, STATE
9 MEDICAL ASSISTANCE, AS DESCRIBED IN SECTION 25.5-2-104.

10 **SECTION 10.** In Colorado Revised Statutes, **add** 25.5-2-104 and
11 25.5-2-105 as follows:

12 **25.5-2-104. State-funded health and medical care.**

13 (1) BEGINNING NOLATER THAN JANUARY 1, 2025, THERE IS CREATED THE
14 STATE MEDICAL ASSISTANCE PROGRAM REFERRED TO IN THIS SECTION AS
15 "STATE MEDICAL ASSISTANCE". STATE MEDICAL ASSISTANCE INCLUDES
16 ALL BENEFITS AND SERVICES AT THE SAME COST TO THE BENEFICIARY AS
17 ARE OFFERED PURSUANT TO THE MEDICAL ASSISTANCE PROGRAM DEFINED
18 IN SECTION 25.5-4-103 (13), SUCH THAT, TO THE MAXIMUM EXTENT
19 POSSIBLE, ELIGIBLE INDIVIDUALS MUST NOT BE ABLE TO TELL THAT THE
20 PERSON IS ENROLLED IN A DIFFERENT PROGRAM FROM MEDICAL
21 ASSISTANCE PURSUANT TO SECTION 25.5-4-103 (13).

22 (2) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
23 ELIGIBLE TO RECEIVE STATE MEDICAL ASSISTANCE IF THE CHILD WOULD BE
24 ELIGIBLE FOR MEDICAL ASSISTANCE AS DEFINED IN SECTION 25.5-4-103
25 (13) BUT IS NOT ELIGIBLE DUE SOLELY TO THE CHILD'S IMMIGRATION
26 STATUS.

27 (3) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS

1 PRESUMPTIVELY ELIGIBLE FOR STATE MEDICAL ASSISTANCE AND WILL
2 RECEIVE SERVICES SPECIFIED BY STATE LAW ONLY IF A PARENT OR LEGAL
3 GUARDIAN OF THE CHILD DECLARES ALL PERTINENT INFORMATION
4 RELATING TO THE CRITERIA OF INCOME AND ASSETS OF THE CHILD'S
5 FAMILY.

6 (4) STATE MEDICAL ASSISTANCE MUST BE FUNDED BY STATE
7 FUNDS ONLY, EXCEPT TO THE EXTENT FEDERAL FUNDS ARE MADE
8 AVAILABLE THROUGH EXPRESS WRITTEN AUTHORIZATION THROUGH A
9 FEDERAL WAIVER, STATE PLAN AMENDMENT, OR OTHERWISE, BY THE
10 CENTERS FOR MEDICARE AND MEDICAID SERVICES.

11 (5) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
12 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
13 PARTICIPATION IN IMPLEMENTING THIS SECTION.

14 (6) TO THE MAXIMUM EXTENT ALLOWABLE UNDER FEDERAL LAW,
15 THE STATE DEPARTMENT SHALL, USING APPROPRIATE FUNDING, USE THE
16 SAME INFRASTRUCTURE AND PROVIDER NETWORK TO DELIVER STATE
17 MEDICAL ASSISTANCE AS IT DOES TO DELIVER MEDICAL ASSISTANCE AS
18 DEFINED IN SECTION 25.5-4-103 (13).

19 (7) THIS SECTION CONSTITUTES STATE AUTHORITY WITHIN THE
20 MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON JANUARY
21 1, 2022.

22 (8) (a) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
23 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE
24 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
25 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
26 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
27 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR

1 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
2 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
3 PLANS AND PROGRESS IN IMPLEMENTING STATE MEDICAL ASSISTANCE.

4 (b) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
5 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
6 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
7 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
8 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
9 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
10 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
11 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
12 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
13 HEALTH IMPROVEMENTS ASSOCIATED WITH STATE MEDICAL ASSISTANCE.

14 **25.5-2-105. State children's basic health plan.** (1) BEGINNING
15 NO LATER THAN JANUARY 1, 2025, THERE IS CREATED THE STATE
16 CHILDREN'S BASIC HEALTH PLAN. THE STATE CHILDREN'S BASIC HEALTH
17 PLAN INCLUDES ALL BENEFITS AND SERVICES, AT THE SAME COST TO THE
18 BENEFICIARY, AS ARE OFFERED PURSUANT TO THE CHILDREN'S BASIC
19 HEALTH PLAN IN SECTION 25.5-8-107, SUCH THAT, TO THE MAXIMUM
20 EXTENT POSSIBLE, ELIGIBLE INDIVIDUALS MUST NOT BE ABLE TO TELL
21 THAT THEY ARE ENROLLED IN A DIFFERENT PROGRAM FROM THE PLAN
22 DESCRIBED IN SECTION 25.5-8-107.

23 (2) A CHILD WHO IS LESS THAN NINETEEN YEARS OF AGE IS
24 ELIGIBLE TO RECEIVE THE STATE CHILDREN'S BASIC HEALTH PLAN IF THE
25 CHILD WOULD BE ELIGIBLE FOR THE CHILDREN'S BASIC HEALTH PLAN AS
26 DESCRIBED IN 25.5-8-107, BUT IS NOT ELIGIBLE DUE SOLELY TO THE
27 CHILD'S IMMIGRATION STATUS.

1 (3) A CHILD WHO LESS THAN NINETEEN YEARS OF AGE IS
2 PRESUMPTIVELY ELIGIBLE FOR THE STATE CHILDREN'S BASIC HEALTH PLAN
3 AND WILL RECEIVE SERVICES SPECIFIED BY STATE LAW ONLY IF A PARENT
4 OR LEGAL GUARDIAN OF THE CHILD DECLARES ALL PERTINENT
5 INFORMATION RELATING TO THE CRITERIA OF INCOME AND ASSETS OF THE
6 CHILD'S FAMILY.

7 (4) THE STATE CHILDREN'S BASIC HEALTH PLAN MUST BE FUNDED
8 BY STATE FUNDS ONLY, EXCEPT TO THE EXTENT FEDERAL FUNDS ARE
9 MADE AVAILABLE THROUGH EXPRESS WRITTEN AUTHORIZATION THROUGH
10 A FEDERAL WAIVER, STATE PLAN AMENDMENT, OR OTHERWISE, BY THE
11 CENTERS FOR MEDICARE AND MEDICAID SERVICES.

12 (5) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
13 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
14 PARTICIPATION IN IMPLEMENTING THIS SECTION.

15 (6) TO THE MAXIMUM EXTENT ALLOWABLE UNDER FEDERAL LAW,
16 THE STATE DEPARTMENT SHALL, USING APPROPRIATE FUNDING, USE THE
17 SAME INFRASTRUCTURE AND PROVIDER NETWORK TO DELIVER THE STATE'S
18 CHILDREN'S BASIC HEALTH PLAN AS IT DOES TO DELIVER THE CHILDREN'S
19 BASIC HEALTH PLAN DESCRIBED IN SECTION 25.5-8-107.

20 (7) THIS SECTION CONSTITUTES STATE AUTHORITY WITHIN THE
21 MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON JANUARY
22 1, 2022.

23 (8) (a) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
24 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE
25 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
26 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
27 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO

1 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
2 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
3 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
4 PLANS AND PROGRESS IN IMPLEMENTING THE STATE BASIC HEALTH PLAN.

5 (b) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
6 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
7 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
8 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
9 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
10 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
11 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
12 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
13 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
14 HEALTH IMPROVEMENTS ASSOCIATED WITH THE STATE BASIC HEALTH
15 PLAN.

16 **SECTION 11.** In Colorado Revised Statutes, 25.5-4-103, **amend**
17 (10) as follows:

18 **25.5-4-103. Definitions.** As used in this article 4 and articles 5
19 and 6 of this title 25.5, unless the context otherwise requires:

20 (10) "~~Legal immigrant~~" "LAWFULLY RESIDING" means an
21 individual who is not a citizen or national of the United States and who
22 was lawfully admitted to the United States by the immigration and
23 naturalization service, or any successor agency, as an actual or
24 prospective permanent resident or whose extended physical presence in
25 the United States is known to and allowed by the immigration and
26 naturalization service, or any successor agency.

27 **SECTION 12.** In Colorado Revised Statutes, 25.5-4-201, **amend**

1 (1) as follows:

2 **25.5-4-201. Cash system of accounting - financial**
3 **administration of medical services premiums - medical programs**
4 **administered by department of human services - federal**
5 **contributions - rules.** (1) The state department shall utilize the cash
6 system of accounting, as enunciated by the governmental accounting
7 standards board, regardless of the source of revenues involved, for all
8 activities of the state department relating to the financial administration
9 of any nonadministrative expenditure that qualifies for federal financial
10 participation under Title XIX of the federal "Social Security Act", AND
11 FOR THE ADMINISTRATION OF THE STATE-FUNDED HEALTH AND MEDICAL
12 CARE PROGRAM, CREATED PURSUANT TO SECTION 25.5-2-104, AND FOR
13 THE STATE CHILDREN'S BASIC HEALTH PLAN, CREATED PURSUANT TO
14 SECTION 25.5-2-105, except for expenditures under the program for the
15 medically indigent, article 3 of this title TITLE 25.5.

16 **SECTION 13.** In Colorado Revised Statutes, 25.5-4-301, **amend**
17 (13) as follows:

18 **25.5-4-301. Recoveries - overpayments - penalties - interest -**
19 **adjustments - liens - review or audit procedures.** (13) To the extent
20 allowable under federal law, the state department shall recover from a
21 ~~legal immigrant's~~ THE SPONSOR OF A LAWFULLY RESIDING INDIVIDUAL all
22 medical assistance paid on behalf of a ~~legal immigrant~~ THE SPONSORED
23 LAWFULLY RESIDING INDIVIDUAL who is enrolled in the medical assistance
24 program.

25 **SECTION 14.** In Colorado Revised Statutes, **amend** 25.5-4-503
26 as follows:

27 **25.5-4-503. Waiver applications - authorization.** (1) The state

1 department is authorized to apply for health insurance flexibility and
2 accountability waivers that will enable the state to add more flexibility to
3 Colorado's medicaid program and that will result in a cost-effective
4 method of providing health-care services to Coloradans.

5 (2) THE STATE DEPARTMENT SHALL PURSUE AND, IF APPROVED,
6 IMPLEMENT A DEMONSTRATION WAIVER THAT AUTHORIZES THE STATE TO
7 USE FEDERAL MEDICAL ASSISTANCE PAYMENTS AUTHORIZED PURSUANT TO
8 SECTION 1903(v) OF THE FEDERAL "SOCIAL SECURITY ACT", AS AMENDED,
9 IN COORDINATION WITH THE DIVISION OF INSURANCE TO ENHANCE OR
10 EXPAND A STATE-SUBSIDIZED INDIVIDUAL HEALTH COVERAGE PLAN AS
11 DEFINED IN SECTION 10-16-1203 (15) AND, ONLY IF NEEDED TO MAXIMIZE
12 FEDERAL FINANCIAL PARTICIPATION, FOR COLORADANS RECEIVING STATE
13 MEDICAL ASSISTANCE PURSUANT TO SECTION 25.5-2-104 OR 25.5-5-201
14 (6). TO THE EXTENT SUCH FEDERAL FUNDS ARE USED TO ENHANCE OR
15 EXPAND A STATE-SUBSIDIZED INDIVIDUAL HEALTH COVERAGE PLAN, AS
16 DEFINED IN SECTION 10-16-1203 (15), THE HEALTH INSURANCE
17 AFFORDABILITY ENTERPRISE CREATED PURSUANT TO SECTION 10-16-1204
18 MUST RECEIVE, DEPOSIT INTO THE HEALTH INSURANCE AFFORDABILITY
19 CASH FUND CREATED IN SECTION 10-16-1206, AND ALLOCATE THE
20 FEDERAL SHARE OF THE MEDICAL ASSISTANCE PAYMENTS PURSUANT TO
21 SECTION 10-16-1205 (2), SUBJECT TO ANY CONDITIONS SET FORTH IN THE
22 APPROVAL OF THE WAIVER.

23 **SECTION 15.** In Colorado Revised Statutes, 25.5-5-101, **amend**
24 (3) as follows:

25 **25.5-5-101. Mandatory provisions - eligible groups.**
26 (3) Notwithstanding any other provision of this article and articles 4 and
27 6 of this ~~title~~ TITLE 25.5, as a condition of eligibility for medical

1 assistance under this ~~article~~ ARTICLE 5 and articles 4 and 6 of this ~~title~~
2 TITLE 25.5, a ~~legal immigrant~~ PERSON WHO IS LAWFULLY RESIDING IN THE
3 STATE shall agree to refrain from executing an affidavit of support for the
4 purpose of sponsoring an alien on or after July 1, 1997, under rules
5 promulgated by the immigration and naturalization service, or any
6 successor agency, during the pendency of ~~such legal immigrant's~~ THE
7 LAWFULLY RESIDING PERSON'S receipt of medical assistance. Nothing in
8 this subsection (3) ~~shall be construed to affect a legal immigrant's~~
9 AFFECTS A LAWFULLY RESIDING PERSON'S eligibility for medical assistance
10 ~~under this article~~ PURSUANT TO THIS ARTICLE 5 and articles 4 and 6 of this
11 ~~title~~ TITLE 25.5 based upon ~~such legal immigrant's~~ THE LAWFULLY
12 RESIDING PERSON'S responsibilities under an affidavit of support entered
13 into before July 1, 1997.

14 **SECTION 16.** In Colorado Revised Statutes, 25.5-5-201, **amend**
15 (3), (4) and (4.5)(a); and **add** (6) as follows:

16 **25.5-5-201. Optional provisions - optional groups.** (3) A ~~legal~~
17 ~~immigrant~~ LAWFULLY RESIDING PERSON who is receiving medicaid
18 nursing facility care or home- and community-based services on July 1,
19 1997, ~~shall~~ MUST continue to receive such services as long as ~~he or she~~
20 THE PERSON meets the eligibility requirements other than citizen status.
21 State general funds may be used to reimburse such care in the event that
22 federal financial participation is not available.

23 (4) A pregnant ~~legal immigrant shall be~~ PERSON WHO IS LAWFULLY
24 RESIDING IS eligible to receive ~~prenatal and medical services for labor and~~
25 ~~delivery as long as she~~ MEDICAL ASSISTANCE AS LONG AS THE INDIVIDUAL
26 meets eligibility requirements other than THOSE RELATED TO citizen OR
27 IMMIGRATION status. State general funds may be used to reimburse such

1 care in the event that federal financial participation is not available.

2 (4.5) (a) Subject to the receipt of federal financial participation,
3 to the maximum extent allowed under federal law, a person who was
4 eligible for ~~all pregnancy-related and postpartum services under the~~
5 medical assistance program for the sixty days following the pregnancy
6 remains continuously eligible for all services under the medical assistance
7 program for the twelve-month postpartum period.

8 (6) (a) BEGINNING NOLATER THAN JANUARY 1, 2025, A PREGNANT
9 PERSON WHO IS NOT A CITIZEN AND WHO IS NOT ELIGIBLE FOR MEDICAL
10 ASSISTANCE PURSUANT TO SUBSECTION (4) OF THIS SECTION IS ELIGIBLE TO
11 RECEIVE MEDICAL ASSISTANCE PURSUANT TO THIS SUBSECTION (6)(a) IF
12 THE INDIVIDUAL MEETS THE ELIGIBILITY REQUIREMENTS OTHER THAN
13 THOSE RELATED TO CITIZENSHIP AND IMMIGRATION STATUS.

14 (b) A PREGNANT PERSON WHO IS ELIGIBLE FOR MEDICAL
15 ASSISTANCE PURSUANT TO THIS SUBSECTION (6) REMAINS CONTINUOUSLY
16 ELIGIBLE FOR ALL MEDICAL SERVICES PURSUANT TO THE MEDICAL
17 ASSISTANCE PROGRAM FOR THE TWELVE-MONTH POSTPARTUM PERIOD, SO
18 LONG AS ELIGIBILITY REMAINS IN EFFECT PURSUANT TO SUBSECTION
19 (4.5)(a) OF THIS SECTION.

20 (c) THE STATE DEPARTMENT SHALL SEEK ANY NECESSARY
21 FEDERAL APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
22 PARTICIPATION IN IMPLEMENTING THIS SUBSECTION (6). BENEFITS FOR
23 SERVICES OBTAINED PURSUANT TO THIS SUBSECTION (6) MUST BE
24 PROVIDED WITH ONLY STATE FUNDS IF FEDERAL FINANCIAL PARTICIPATION
25 IS UNAVAILABLE FOR SUCH SERVICES.

26 (d) (I) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
27 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE

1 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
2 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
3 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
4 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
5 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
6 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
7 PLANS AND PROGRESS IN IMPLEMENTING THE COVERAGE EXPANSION
8 CREATED PURSUANT TO THIS SUBSECTION (6).

9 (II) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
10 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
11 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
12 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
13 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
14 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
15 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
16 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
17 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
18 HEALTH IMPROVEMENTS ASSOCIATED WITH THE COVERAGE EXPANSION
19 CREATED PURSUANT TO THIS SUBSECTION (6).

20 **SECTION 17.** In Colorado Revised Statutes, 25.5-5-202, **add**
21 (1)(y) as follows:

22 **25.5-5-202. Basic services for the categorically needy - optional**
23 **services.** (1) Subject to the provisions of subsection (2) of this section,
24 the following are services for which federal financial participation is
25 available and that Colorado has selected to provide as optional services
26 under the medical assistance program:

27 (y) FOR ANY PERINATAL PERSON, COMPREHENSIVE LACTATION

1 SUPPORT SERVICES, LACTATION SUPPLIES AND EQUIPMENT, AND
2 MAINTENANCE OF MULTI-USER LOANED EQUIPMENT. AN INDIVIDUAL
3 TRAINED IN ADVANCED LACTATION SUPPORT SHALL PROVIDE THE
4 LACTATION SUPPORT SERVICES. LACTATION EQUIPMENT MUST INCLUDE A
5 SINGLE-USER DOUBLE ELECTRIC BREAST PUMP, PUMP PARTS AND PUMP
6 COLLECTION KIT, AND ACCESS TO A LOANED MULTI-USER HOSPITAL GRADE
7 ELECTRIC BREAST PUMP ALONG WITH A COMPATIBLE INDIVIDUAL
8 COLLECTION KIT. INDIVIDUALS MUST HAVE ACCESS TO SINGLE-USER
9 LACTATION SUPPLIES AND EQUIPMENT PRIOR TO DELIVERY. ACCESS TO
10 MULTI-USER LOANED BREAST PUMPS SHALL BE AUTHORIZED BY A
11 HEALTH-CARE PROVIDER. ACCESS TO MULTI-USER LOANED BREAST PUMPS
12 IS PRIORITIZED FOR INDIVIDUALS WITH PREMATURE, MEDICALLY FRAGILE,
13 LOW BIRTH WEIGHT INFANTS, AND WITH LACTATION COMPLICATIONS.
14 INDIVIDUALS CANNOT BE REQUIRED TO ENROLL IN SEPARATE OR
15 ADDITIONAL PROGRAMS IN ORDER TO RECEIVE COVERED LACTATION
16 EQUIPMENT OR LACTATION SUPPORT SERVICES.

17 **SECTION 18.** In Colorado Revised Statutes, 25.5-5-204, **amend**
18 (2) and (2.5) as follows:

19 **25.5-5-204. Presumptive eligibility - pregnant person -**
20 **children - long-term care - state plan.** (2) (a) A pregnant ~~woman shall~~
21 ~~be~~ PERSON IS presumptively eligible for the medical assistance program
22 and shall receive services specified by federal law only if the ~~woman~~
23 PERSON declares all pertinent information relating to the criteria of
24 income, assets, ~~and status~~ AND, ONLY IF NECESSARY TO ADMINISTER
25 REIMBURSEMENT FOR SERVICES, STATUS.

26 (b) ~~A woman shall declare her immigration status unless the~~
27 ~~general assembly provides funding for prenatal care services for~~

1 ~~undocumented residents.~~

2 (2.5) A child ~~under the age of eighteen years shall be~~ LESS THAN
3 NINETEEN YEARS OF AGE IS presumptively eligible for the medical
4 assistance program and shall receive services specified by federal law
5 only if a parent or legal guardian of the child declares all pertinent
6 information relating to the criteria of income, assets, ~~and status~~ AND,
7 ONLY IF NECESSARY TO ADMINISTER REIMBURSEMENT FOR SERVICES,
8 STATUS of the child's family.

9 **SECTION 19.** In Colorado Revised Statutes, **add** 25.5-6-115 as
10 follows:

11 **25.5-6-115. Notification of federal immigration consequences.**

12 THE STATE DEPARTMENT SHALL CONSULT WITH STAKEHOLDERS,
13 INCLUDING PEOPLE WITH LIVED EXPERIENCE, IMMIGRANTS RIGHTS
14 ADVOCATES, HEALTH-CARE ADVOCATES, AND IMMIGRATION LAWYERS, TO
15 PROVIDE CLEAR AND ACCURATE INFORMATION AND REFERRALS
16 REGARDING CURRENT PUBLIC CHARGE POLICIES.

17 **SECTION 20.** In Colorado Revised Statutes, 25.5-8-103, **amend**
18 (4)(a)(I) and (4)(b)(I) as follows:

19 **25.5-8-103. Definitions.** As used in this article 8, unless the
20 context otherwise requires:

21 (4) "Eligible person" means:

22 (a) (I) A person who is less than nineteen years of age, WHO IS A
23 CITIZEN OR MEETS THE IMMIGRATION STATUS REQUIREMENTS SET FORTH
24 IN SECTION 25.5-8-109 (6) OR 25.5-8-109 (7), whose family income does
25 not exceed two hundred fifty percent of the federal poverty line, adjusted
26 for family size, AND WHO IS NOT ELIGIBLE FOR MEDICAL ASSISTANCE
27 PURSUANT TO ARTICLES 4, 5, AND 6 OF THIS TITLE 25.5.

1 (b) (I) A pregnant ~~woman~~ PERSON WHO IS A CITIZEN OR MEETS THE
2 IMMIGRATION STATUS REQUIREMENTS SET FORTH IN SECTION 25.5-8-109
3 (6) OR 25.5-8-109 (7), whose family income does not exceed two hundred
4 fifty percent of the federal poverty line, adjusted for family size, and who
5 is not eligible for ~~medicaid~~ MEDICAL ASSISTANCE PURSUANT TO ARTICLES
6 4, 5, AND 6 OF THIS TITLE 25.5.

7 **SECTION 21.** In Colorado Revised Statutes, 25.5-8-107, repeal
8 (1)(b); and add (1)(a)(V) and (1)(i) as follows:

9 **25.5-8-107. Duties of the department - schedule of services -**
10 **premiums - copayments - subsidies - purchase of childhood**
11 **immunizations.** (1) In addition to any other duties pursuant to this article
12 8, the department has the following duties:

13 (a) (V) IN ADDITION TO THE ITEMS SPECIFIED IN SUBSECTIONS
14 (1)(a)(I), (1)(a)(II), AND (1)(a)(III) OF THIS SECTION, AND ANY
15 ADDITIONAL ITEMS APPROVED BY THE MEDICAL SERVICES BOARD, THE
16 MEDICAL SERVICES BOARD SHALL INCLUDE, FOR ALL PERINATAL PEOPLE,
17 COMPREHENSIVE LACTATION SUPPORT SERVICES, LACTATION SUPPLIES
18 ANDEQUIPMENT, AND MAINTENANCE OF MULTI-USER LOANED EQUIPMENT.
19 AN INDIVIDUAL TRAINED IN ADVANCED LACTATION SUPPORT SHALL
20 PROVIDE THE LACTATION SUPPORT SERVICES. LACTATION EQUIPMENT
21 MUST INCLUDE A SINGLE-USER DOUBLE ELECTRIC BREAST PUMP, PUMP
22 PARTS AND PUMP COLLECTION KIT, AND ACCESS TO A LOANED MULTI-USER
23 HOSPITAL GRADE ELECTRIC BREAST PUMP ALONG WITH A COMPATIBLE
24 INDIVIDUAL COLLECTION KIT. INDIVIDUALS MUST HAVE ACCESS TO
25 SINGLE-USER LACTATION SUPPLIES AND EQUIPMENT PRIOR TO DELIVERY.
26 ACCESS TO MULTI-USER LOANED BREAST PUMPS SHALL BE AUTHORIZED BY
27 A HEALTH-CARE PROVIDER. ACCESS TO MULTI-USER LOANED BREAST

1 PUMPS IS PRIORITIZED FOR INDIVIDUALS WITH PREMATURE, MEDICALLY
2 FRAGILE, LOW BIRTH WEIGHT INFANTS, AND WITH LACTATION
3 COMPLICATIONS. INDIVIDUALS CANNOT BE REQUIRED TO ENROLL IN
4 SEPARATE OR ADDITIONAL PROGRAMS IN ORDER TO RECEIVE COVERED
5 LACTATION EQUIPMENT OR LACTATION SUPPORT SERVICES.

6 ~~(b) To design and implement a system of cost sharing with~~
7 ~~enrollees using an annual enrollment fee that is based on a sliding fee~~
8 ~~scale. The sliding fee scale shall be developed based on the enrollee's~~
9 ~~family income; except that no enrollment fee shall be assessed against an~~
10 ~~enrollee whose family income is at or below one hundred fifty percent of~~
11 ~~the federal poverty line and no enrollment fee shall be assessed against an~~
12 ~~enrollee who is a pregnant woman. As permitted by federal and state law,~~
13 ~~enrollees in the plan may use funds from a medical savings account to pay~~
14 ~~the annual enrollment fee. On or before November 1 of each year, the~~
15 ~~department shall submit for approval to the joint budget committee its~~
16 ~~annual proposal for cost sharing for the plan based upon a family's~~
17 ~~income.~~

18 (i) (I) THE DEPARTMENT SHALL DEVELOP AND IMPLEMENT AN
19 OUTREACH STRATEGY FOR COLORADANS WHO BECOME ELIGIBLE FOR
20 HEALTH COVERAGE PURSUANT TO SECTION 25.5-2-104, 25.5-2-105,
21 25.5-5-201 (6), OR 25.5-8-109 (7). THE STATE DEPARTMENT SHALL WORK
22 WITH STAKEHOLDERS TO DEVELOP AN OUTREACH STRATEGY THAT
23 INCLUDES:

24 (A) FUNDING FOR COMMUNITY-BASED ORGANIZATIONS TO
25 PARTNER WITH THE DEPARTMENT ON OUTREACH;

26 (B) A METHOD FOR PROVIDING INFORMATION RELATED TO
27 ELIGIBILITY AND ENROLLMENT THAT CAN BE PROVIDED TO NONPROFIT

1 PARTNERS, SCHOOL DISTRICTS, AND CHARTER SCHOOLS FOR OUTREACH
2 PURPOSES; AND

3 (C) AT A MINIMUM, PROVIDING INFORMATION RELATED TO
4 ELIGIBILITY AND COVERAGE IN ENGLISH, SPANISH, AND IN EACH
5 LANGUAGE SPOKEN BY AT LEAST TWO-AND-ONE-HALF PERCENT OF THE
6 POPULATION OF ANY COUNTY WHO SPEAK ENGLISH LESS THAN VERY WELL,
7 AS DEFINED BY THE UNITED STATES BUREAU OF THE CENSUS AMERICAN
8 COMMUNITY SURVEY, AND WHO SPEAK THE MINORITY LANGUAGE AT
9 HOME;

10 (II) APPROXIMATELY TWELVE AND TWENTY-FOUR MONTHS AFTER
11 IMPLEMENTATION OF THE STRATEGY REQUIRED PURSUANT TO SUBSECTION
12 (1)(i)(I) OF THIS SECTION, THE DEPARTMENT SHALL CONVENE
13 STAKEHOLDERS, INCLUDING DIRECTLY IMPACTED INDIVIDUALS, SERVICE
14 PROVIDERS, AND ADVOCACY ORGANIZATIONS THAT ARE DIVERSE WITH
15 REGARD TO RACE, ETHNICITY, IMMIGRATION STATUS, SEXUAL
16 ORIENTATION, AND GENDER IDENTITY AND WHO ARE AFFECTED BY HIGHER
17 RATES OF HEALTH DISPARITIES AND INEQUITIES. THE DEPARTMENT SHALL
18 REPORT ON THE OUTREACH AND ENROLLMENT STRATEGY OUTCOMES,
19 INCLUDING ENROLLMENT OF ELIGIBLE PERSONS INTO THESE PROGRAMS
20 COMPARED TO THOSE PERSONS WHO ARE ELIGIBLE FOR COVERAGE, BUT
21 NOT ENROLLED.

22

23 **SECTION 22.** In Colorado Revised Statutes, 25.5-8-109, **amend**
24 (5.5)(a) and (6); and **add** (7) as follows:

25 **25.5-8-109. Eligibility - children - pregnant women - repeal.**
26 (5.5) (a) Subject to the receipt of federal financial participation, to the
27 maximum extent allowed under federal law, a person who was eligible for

1 the plan while pregnant and who remains eligible for all
2 ~~pregnancy-related and postpartum services under~~ the plan for the sixty
3 days following the pregnancy remains continuously eligible for all
4 services under the plan for the twelve-month postpartum period.

5 (6) (a) Notwithstanding any other provision of law, but subject to
6 ~~the availability of sufficient appropriations and~~ the receipt of federal
7 financial participation, the department ~~may~~ SHALL provide benefits ~~under~~
8 ~~this article~~ PURSUANT TO THIS ARTICLE 8 to a pregnant ~~woman who is a~~
9 ~~qualified alien~~ PERSON WHO IS LAWFULLY RESIDING, AS DEFINED IN
10 SECTION 25.5-4-103 (10), and a child ~~under~~ LESS THAN nineteen years of
11 age, ~~who is a qualified alien~~ WHO IS LAWFULLY RESIDING, so long as such
12 ~~woman~~ PREGNANT PERSON or child meets eligibility criteria ~~other than~~
13 ~~citizenship~~ OTHER THAN THOSE RELATED TO CITIZENSHIP OR IMMIGRATION
14 STATUS.

15 (7) (a) BEGINNING NO LATER THAN JANUARY 1, 2025,
16 NOTWITHSTANDING ANY OTHER PROVISION OF LAW, THE DEPARTMENT
17 SHALL PROVIDE BENEFITS PURSUANT TO THIS ARTICLE 8 TO A PREGNANT
18 PERSON WHO IS NOT A CITIZEN AND IS NOT ELIGIBLE PURSUANT TO
19 SUBSECTION (6) OF THIS SECTION, SO LONG AS THE PREGNANT PERSON
20 MEETS THE ELIGIBILITY CRITERIA OTHER THAN THOSE RELATED TO
21 CITIZENSHIP OR IMMIGRATION STATUS. ELIGIBILITY PURSUANT TO THIS
22 SECTION EXTENDS CONTINUOUSLY THROUGH THE TWELVE-MONTH
23 POSTPARTUM PERIOD, SO LONG AS ELIGIBILITY REMAINS IN EFFECT
24 PURSUANT TO SUBSECTION (5.5)(a) OF THIS SECTION.

25 (b) THE DEPARTMENT SHALL SEEK ANY NECESSARY FEDERAL
26 APPROVALS TO MAXIMIZE ANY AVAILABLE FEDERAL FINANCIAL
27 PARTICIPATION IN IMPLEMENTING THIS SUBSECTION (7).

1 (c) (I) DURING ITS 2024 PRESENTATION TO THE JOINT BUDGET
2 COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS PRESENTATION TO THE
3 HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
4 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
5 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
6 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
7 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
8 GOVERNMENT ACT", THE STATE DEPARTMENT SHALL REPORT ON ITS
9 PLANS AND PROGRESS IN IMPLEMENTING THE COVERAGE EXPANSION
10 CREATED PURSUANT TO THIS SUBSECTION (7).

11 (II) BEGINNING JANUARY 1, 2026, AND CONTINUING EVERY
12 JANUARY THEREAFTER, THE STATE DEPARTMENT, IN ITS PRESENTATION TO
13 THE JOINT BUDGET COMMITTEE OF THE GENERAL ASSEMBLY AND IN ITS
14 PRESENTATION TO THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE
15 SENATE AND THE HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF
16 REPRESENTATIVES, OR ANY SUCCESSOR COMMITTEES, AT THE HEARING
17 HELD PURSUANT TO SECTION 2-7-203 (2)(a) OF THE "STATE
18 MEASUREMENT FOR ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT
19 (SMART) GOVERNMENT ACT", SHALL REPORT ON THE COST SAVINGS AND
20 HEALTH IMPROVEMENTS ASSOCIATED WITH THE COVERAGE EXPANSION
21 CREATED PURSUANT TO THIS SUBSECTION (7).

22 (d) THIS SUBSECTION (7) CONSTITUTES STATE AUTHORITY WITHIN
23 THE MEANING OF 8 U.S.C. SEC. 1621 (d), AS THAT LAW EXISTED ON
24 JANUARY 1, 2022.

25 **SECTION 23.** In Colorado Revised Statutes, **add** 25.5-8-109.3
26 as follows:

27 **25.5-8-109.3. Health services initiatives.** (1) TO THE EXTENT

1 FEDERAL FINANCIAL PARTICIPATION IS AVAILABLE, THE DEPARTMENT
2 SHALL DESIGN AND IMPLEMENT HEALTH SERVICE INITIATIVES PURSUANT
3 TO SECTION 2105(a)(1)(D)(ii) OF THE FEDERAL "SOCIAL SECURITY ACT",
4 AS AMENDED, TO PROVIDE FUNDING FOR CONTINUOUS ENROLLMENT FOR
5 THE TWELVE-MONTH POSTPARTUM PERIOD FOR A PERSON WHO IS
6 ENROLLED IN HEALTH-CARE COVERAGE PURSUANT TO SECTION 25.5-5-201
7 (6) OR 25.5-8-109 (7).

8 (2) TO THE EXTENT ADDITIONAL FEDERAL FINANCIAL
9 PARTICIPATION IS AVAILABLE, THE DEPARTMENT SHALL ESTABLISH A
10 STAKEHOLDER PROCESS IN COLLABORATION WITH DEPARTMENT STAFF TO
11 DETERMINE ADDITIONAL PRIORITIES AND BUDGET ALLOCATIONS THAT
12 DRAW DOWN AT LEAST FIFTY PERCENT OF THE REMAINING HEALTH
13 SERVICES INITIATIVE FUNDS TO EXPAND ACCESS TO PERINATAL AND
14 POSTPARTUM SUPPORTS. THE DEPARTMENT SHALL REPORT ON THE
15 ESTABLISHED PRIORITIES AND BUDGET ALLOCATIONS AND THE WAYS IN
16 WHICH THEY ARE INCLUSIVE OF STAKEHOLDER INPUT DURING THE
17 DEPARTMENT'S 2024 PRESENTATION TO THE JOINT BUDGET COMMITTEE OF
18 THE GENERAL ASSEMBLY AND IN THE DEPARTMENT'S PRESENTATION TO
19 THE HEALTH AND HUMAN SERVICES COMMITTEE OF THE SENATE AND THE
20 HEALTH AND INSURANCE COMMITTEE OF THE HOUSE OF REPRESENTATIVES,
21 OR ANY SUCCESSOR COMMITTEES, AT THE HEARING HELD PURSUANT TO
22 SECTION 2-7-203 (2)(a) OF THE "STATE MEASUREMENT FOR
23 ACCOUNTABLE, RESPONSIVE, AND TRANSPARENT (SMART)
24 GOVERNMENT ACT". IN CONDUCTING THE STAKEHOLDER PROCESS, THE
25 DEPARTMENT SHALL:

26 (a) ENGAGE DIRECTLY WITH IMPACTED INDIVIDUALS, SERVICE
27 PROVIDERS, ADVOCACY ORGANIZATIONS, AND INDIVIDUALS WORKING IN

1 OR REPRESENTING COMMUNITIES WHO ARE DIVERSE WITH REGARD TO
2 RACE, ETHNICITY, IMMIGRATION STATUS, AGE, ABILITY, SEXUAL
3 ORIENTATION, GENDER IDENTITY, OR GEOGRAPHIC REGION OF THE STATE
4 AND WHO ARE AFFECTED BY HIGHER RATES OF HEALTH DISPARITIES AND
5 INEQUITIES;

6 (b) PUBLICIZE, CONDUCT, AND REPORT OUTCOMES OF
7 STAKEHOLDER MEETINGS IN, AT A MINIMUM, ENGLISH AND SPANISH;

8 (c) INCLUDE OPPORTUNITIES FOR PARTICIPATION IN THE
9 STAKEHOLDER PROCESS OUTSIDE OF REGULAR WORK HOURS;

10 (d) CONDUCT A MINIMUM OF FIVE STAKEHOLDER MEETINGS AND
11 CONDUCT ADDITIONAL MEETINGS FOCUSED ON HEARING INPUT FROM
12 INDIVIDUAL CONSTITUENCIES LISTED IN SUBSECTION (2)(a) OF THIS
13 SECTION.

14 (e) TAKE INTO CONSIDERATION RESEARCH AND INFORMATION
15 FROM REPORTS ISSUED BY THE MATERNAL MORTALITY REVIEW
16 COMMITTEE, AS REQUIRED BY SECTION 25-52-104 (6);

17 (f) TAKE INTO CONSIDERATION DATA FROM THE HEALTH SURVEY
18 FOR BIRTHING PARENTS TO INFORM STAKEHOLDER DECISION-MAKING; AND

19 (g) CONSIDER INITIATIVES TO REDUCE DIAPER NEED, EXPAND
20 ACCESS TO GROUP-BASED PRENATAL AND PEDIATRIC CARE MODELS, AND
21 EXPAND HOME VISITATION PROGRAMS, INCLUDING VOLUNTARY NEWBORN
22 NURSE VISITATION PROGRAMS THAT ARE UNIVERSALLY OFFERED TO ALL
23 FAMILIES IN A GIVEN COMMUNITY AND PROVIDE AT LEAST ONE NURSE VISIT
24 WITHIN THE FIRST THREE MONTHS OF LIFE.

25 (3) (a) THE DEPARTMENT SHALL SEEK ANY NECESSARY FEDERAL
26 APPROVALS TO OBTAIN FEDERAL FINANCIAL PARTICIPATION IN
27 IMPLEMENTING SUBSECTION (1) OF THIS SECTION.

1 (b) TO THE EXTENT ALLOWABLE, THE DEPARTMENT SHALL
2 MAXIMIZE FEDERAL FINANCIAL PARTICIPATION IN IMPLEMENTING THIS
3 SECTION.

4 **SECTION 24. Appropriation.** (1) For the 2022-23 state fiscal
5 year, \$730,573 is appropriated to the department of health care policy and
6 financing. This appropriation is from the general fund. To implement this
7 act, the department may use this appropriation as follows:

8 (a) \$258,733 for use by the executive director's office for personal
9 services, which amount is based on an assumption that the office will
10 require an additional 5.1 FTE;

11 (b) \$29,707 for use by the executive director's office for operating
12 expenses;

13 (c) \$262,500 for general professional services and special
14 projects;

15 (d) \$161,069 for medical and long-term care services for
16 Medicaid eligible individuals, which amount is subject to the "(M)"
17 notation as defined in the annual general appropriation act for the same
18 fiscal year; and

19 (e) \$18,564 for children's basic health plan medical and dental
20 costs.

21 (2) For the 2022-23 state fiscal year, the general assembly
22 anticipates that the department of health care policy and financing will
23 receive \$885,480 in federal funds. The appropriation in subsection (1) of
24 this section is based on the assumption that the office will receive this
25 amount of federal funds to be used as follows:

26 (a) \$181,587 for use by the executive director's office for personal
27 services, which amount is subject to the "(I)" notation as defined in the

- 1 annual general appropriation act for the same fiscal year;
- 2 (b) \$20,848 for use by the executive director's office for operating
3 expenses, which amount is subject to the "(I)" notation as defined in the
4 annual general appropriation act for the same fiscal year;
- 5 (c) \$487,500 for general professional services and special
6 projects, which amount is subject to the "(I)" notation as defined in the
7 annual general appropriation act for the same fiscal year;
- 8 (d) \$161,069 for medical and long-term care services for
9 Medicaid eligible individuals; and
- 10 (e) \$34,476 for children's basic health plan medical and dental
11 costs.

12 (3) For the 2022-23 state fiscal year, \$423,626 is appropriated to
13 the department of public health and environment for use by the center for
14 health and environmental information. This appropriation is from the
15 general fund and is based on an assumption that the center will require an
16 additional 2.5 FTE. To implement this act, the center may use this
17 appropriation for health statistics and vital records for health surveys.

18 **SECTION 25. Appropriation - adjustments to 2022 long bill.**

19 (1) To implement this act, appropriations made in the annual general
20 appropriation act for the 2022-23 state fiscal year to the department of
21 health care policy and financing are adjusted as follows:

22 (a) The cash funds appropriation from the children's basic health
23 plan trust created in section 25.5-8-105 (1), C.R.S., for children's basic
24 health plan medical and dental costs is decreased by \$340,727, which is
25 subject to the "(H)" notation as defined in the annual general
26 appropriation act for the same fiscal year; and

27 (b) The cash funds appropriation from the healthcare affordability

1 and sustainability fee cash fund created in section 25.5-4-402.4 (5)(a),
2 C.R.S., for children's basic health plan medical and dental costs is
3 decreased by \$564,678, which is subject to the "(H)" notation as defined
4 in the annual general appropriation act for the same fiscal year.

5 (2) For the 2022-23 state fiscal year, \$144,229 is appropriated to
6 the department of health care policy and financing. This appropriation is
7 from the general fund. To implement this act, the department may use this
8 appropriation for children's basic health plan medical and dental costs.

9 (3) For the 2022-23 state fiscal year, the general assembly
10 anticipates that the department of health care policy and financing will
11 receive \$761,176 in federal funds for children's basic health plan medical
12 and dental costs to implement this act. The appropriations in subsections
13 (1) and (2) of this section are based on the assumption that the department
14 will receive this amount of federal funds.

15 **SECTION 26. Safety clause.** The general assembly hereby finds,
16 determines, and declares that this act is necessary for the immediate
17 preservation of the public peace, health, or safety.